

# PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

107647621

## CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

|   |              |              |
|---|--------------|--------------|
| TOTAL CLAIMS  | 3            |              |
| FOR   | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS                                   | 3 minus 20 = |              |
| INDEPENDENT CLAIMS  | 2 minus 3 =  |              |
| MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/> |              |              |

## SMALL ENTITY

TYPE ☐

OR

## OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 385.00 | OR | BASIC FEE | 770.00 |
| XS 9=     |        | OR | XS18=     |        |
| X43=      |        | OR | X86=      |        |
| +145=     |        | OR | +290=     |        |
| TOTAL     | 385    | OR | TOTAL     |        |

\* If the difference in column 1 is less than zero, enter "0" in column 2

## CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A   | CLAIMS REMAINING AFTER AMENDMENT |     | HIGHEST NUMBER PREVIOUSLY PAID FOR |       | PRESENT EXTRA |
|---|----------------------------------|-----|------------------------------------|-------|---------------|
|   | 2-3-05                           |     |                                    |       |               |
|   | Total                            | * 3 | Minus                              | ** 20 | =             |
|   | Independent                      | * 2 | Minus                              | *** 3 | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |     |                                    |       |               |

## SMALL ENTITY

OR

## OTHER THAN SMALL ENTITY

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| XS 9=      |                 | OR | XS18=      |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|---|----------------------------------|---|------------------------------------|-----|---------------|
|   |                                  |   |                                    |     |               |
|   | Total                            | * | Minus                              | **  | =             |
|   | Independent                      | * | Minus                              | *** | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |     |               |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| XS 9=      |                 | OR | XS18=      |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C   | CLAIMS REMAINING AFTER AMENDMENT |   | HIGHEST NUMBER PREVIOUSLY PAID FOR |     | PRESENT EXTRA |
|---|----------------------------------|---|------------------------------------|-----|---------------|
|   |                                  |   |                                    |     |               |
|   | Total                            | * | Minus                              | **  | =             |
|   | Independent                      | * | Minus                              | *** | =             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/> |                                  |   |                                    |     |               |

| RATE       | ADDI-TIONAL FEE |    | RATE       | ADDI-TIONAL FEE |
|------------|-----------------|----|------------|-----------------|
| XS 9=      |                 | OR | XS18=      |                 |
| X43=       |                 | OR | X86=       |                 |
| +145=      |                 | OR | +290=      |                 |
| TOTAL      |                 | OR | TOTAL      |                 |
| ADDIT. FEE |                 | OR | ADDIT. FEE |                 |

- \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.